

STANDARD CERTIFICATE OF DEATH

36365

FILED OCT 28 1957

STATE FILE NUMBER

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

486

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSP. DOA		d. STREET ADDRESS (If outside, give location) 2502 VIRGINIA AVE	
3. NAME OF DECEASED (Type or print) (Dr.) JOHN FRANKLIN MORGAN		4. DATE OF DEATH Month Day Year OCTOBER 10, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 19, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF CHIROPRACTIC		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.	
13a. FATHER'S NAME FRANKLIN MORGAN		14. NAME OF HUSBAND OR WIFE ANNA MAUDE MORGAN, DEC'D	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Dr. FRANK M. MORGAN, PITTSBURG, KS.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary thrombosis DUE TO (c) arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH immed. 10 min. unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from none, to, and last saw him alive on unknown Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. E. Gilchrist M.D.	
22b. ADDRESS 521 W. 4th Joplin, Mo.		22c. DATE SIGNED 10-10-57	
23a. BURIAL-CREATION, REMOVAL (Specify) BURIAL		23b. DATE 10-12-57	
23c. NAME OF CEMETERY OR CREMATORY STONE CEMETERY,		23d. LOCATION (City, town, or county) (State) JASPER COUNTY, MISSOURI.	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-21-1957	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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RECEIVED OCT 25 1957
Jasper County Health Office
County File Number OCT 25 1957
Date Filed _____

OCT 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.